Canyon County
Board of Community Guardians
1115 Albany Street, Box 11
Caldwell, ID 83605
(208) 455-5969 - Phone
(208) 454-6888 - Fax

Email: Community.Guardians@canyoncounty.id.gov

Referral Application

Date:	Person/Facility making referral:				
POTENTIAL WARD		_			
TOTEITIAL WARD					
Legal Name:	Dat		te of Birth:		
Address:		City,	Zip:		
Phone:	SSN:	Gender:	Marital Status:		
REASON FOR REFER	RRAL – Please be as detailed as p	ossible – use additional pape	r if needed		
MEDICAL INFORMATION					
WEDICAL IN ORWIN	ATION .				
Physicians Name:		Phone:			
		Phone:			
Address:		City/Zip:			
Prescribed Medicat	ions:				
MEDICAL DIAGNOSIS & PROGNOSIS – Please be as detailed as possible – use additional paper, if needed					

An affidavit from the Physician stating why this person is in need of a Guardian MUST accompany this referral. If it's not, referral cannot be processed.

Revised 12/22 Page | 1

Referral Application

FINANCIAL INFORMATION Source **Amount** Source **Amount** \$ Social Security **Property Owned** \$ \$ \$ SSI or SSD State Cash Assistance Veterans Benefits \$ \$ Interest/Dividends \$ \$ **Food Stamps** Inheritance/Trust \$ \$ Retirement Checking Tribal Assistance \$ Savings \$ \$ \$ Other: Other:

PERSON HANDLING FINANCES				
Name:	Relationship:			
Address:				
Phone:				
NEVT OF VIN INFORMATION (Parent Spause Children an	v living valativas)			
NEXT OF KIN INFORMATION (Parent, Spouse, Children, any living relatives)				
Name:	Relationship:			
Address:				
Phone:				
Name:	Relationship:			
Address:	City/Zip:			
Phone:				
Name:	Relationship:			
Address:	City/Zip:			
Phone				

Revised 12/22 Page | 2

Canyon County Board of Community Guardians

Referral Process

All referrals shall be initiated with a completed Referral Form. All referrals, including those received by Board members, shall be sent to the County Coordinator, either by:

Facsimile: (208) 454-6888

Email: community.guardians@canyoncounty.id.gov
Mail: 1115 Albany Street, Box 11, Caldwell, ID 83605

- The County Coordinator will review all referrals and provide an initial screening to determine whether
 or not the referral contains sufficient information for the Board to review.
- Following the initial screening by the Coordinator, if the proposed referral qualifies for a Board Guardian, the County Coordinator will investigate the facts and circumstances as set forth in the referral.
- The County Coordinator shall confer with the contact person listed on the referral and begin the investigation.
- The County Coordinator will bring new referrals to the Board and decisions are made collectively by the Board.
- When the Board has made the final decision to accept a referral and act as guardian, an individual guardian is assigned.

~Thank you~

Revised 12/22 Page | 3